

**Nuffield Department of Clinical Neurosciences  
18<sup>TH</sup> Departmental Safety Advisory Committee Meeting  
held on Thursday 14<sup>th</sup> November 2019, 14:00-15:00, Seminar room B, Level 6, West Wing**

**Minutes**

**1. Present:**

Professor Kevin Talbot (chair), Head of Department  
Dr Russell Leek, Acting Facilities Manager and Dept. Safety Officer, NDCN  
Dr Judith Cossins, NSG/WIMM  
Dr Alun Barnard, Biological Safety Committee  
Scott Thomson, Head of Administration and Finance  
Stacey Da Silva Facilities Officer NDCN (Wolfson Building)  
Flavie Torrecillos – area safety Rep WW level 1 Charles Wolfson Centre  
Steve Woodhouse, CVMED  
Michael Sanders, FMRIB  
Hannah Brooks, Neuropathology  
James Brown, CVMED

**2. Apologies:**

Dr Annette Burgess, CPSD/WW Level 5  
Brenda Cooley, Neurometrology Lab

**3 Minutes of the last meeting – matters arising**

No matters arising and the minutes of the previous meeting were approved as an accurate record.

**4 New University Health and Safety policies memos**

**4.1 *Memo M2/19 Managing fire evacuations - fire wardens***

RL reported fire wardens are required in all areas, some of which still need to be put in place. West Wing Level 6 is one area requiring a group of fire wardens to be trained.

GR defined the function of fire wardens as doing a sweep of the building. ST felt in OUH embedded space there was no sense of who the coordinator was. GR felt in university buildings there should be a pool of people for a designated area. GR noted not all fire marshals have access to various spaces. RL suggested that all university embedded departmental space should have university fire wardens, and that fire drills and marshals are needed for the new Wolfson building.

**4.2 *Memo M3/19 Safe use, storage and disposal of batteries***

RL reported batteries from the West Wing are disposed of through the waste management system of the building management company Bouygues, but should go through the University waste stream for non-embedded areas of the department.

GR advised that lead acid batteries terminals must be taped, and if there are any leaking or swollen; these should be kept separately and anti-static bags can be provided by the safety office if needed.

**4.3 *Memo M8/19 Changes to CWC Licensing Arrangements - CWC SCHEDULE 1 CHEMICAL LICENSING - ADDITION OF RICIN A-CHAIN***

The additions to the licence were communicated to the department. No response was received as the department does not keep any of the newly scheduled substances.

**4.4 *Memo M9/19 CWC Schedule 1 Chemicals Licence Renewal - action required by Friday 1 November 2019***

RL has sent out a circular to all researchers to which he has received no reply. RL sent back a null return to the University Safety Office.

**5 DSAC vacancies**

**5.1 *Area representatives***

RL felt that rather than having representatives from divisions it would be more beneficial to have representatives from areas. KT agreed with this going forward in terms of the representation of this committee, which should reflect all key areas.

The post of Laser Safety Officer is currently vacant, however this was under discussion as to whether the current holder should still remain in place, as they are the only qualified person working with category 3 type lasers.

A new chairman for the GM sub-committee will be required in the New Year.

**6. IRIS Incident Information Reporting System**

**6.1** RL informed the committee that a new on-line accident incident reporting information system (IRIS) will be introduced by the Safety Office next year. Access to IRIS will be via the user's SSO, the system is currently undergoing testing.

GR explained that under the new system Departmental Safety Officers are informed of accident reports in their area and can use the system to report incident trends and other useful information. This is useful for the University's consultative committee for Health and Safety, where different accidents/incidents can be pulled out to identify trends in details for the whole university.

**7. Health and safety assurance questionnaire**

The bi-annual Health and Safety assurance questionnaire had been published and is due to be submitted to the Safety Office by the end of 2019, with approval from the HoD by the end of January 2020.

**8. Review of Accident and Incident reports**

**8.1 *A researcher was lightly contaminated by a leaking MRI phantom, FMRI B***

Phantom test object for MRI leaked; resulting in a rash on the fingers, which cleared after a day. The phantom was destroyed through the USO chemical waste stream (incineration).

**8.2 Collapse of water soaked ceiling tile, WW L6 office**

The ceiling tile was soaked through by the leaking roof and consequently collapsed onto the floor below, Bouygues were informed. They repaired the tile, but the issues with the leaking roof continue. As the roof is the responsibility of the OUHF Trust, we are awaiting their action to make a permanent repair to the roof.

**8.3 File cabinet falling on staff member**

A member of staff was accessing a file in archive room, the cabinet fell on top of them, and they were admitted to A&E. An x-ray indicated that no bones were broken, although there was some concern that a slight neck injury would need to be monitored.

GR confirmed the nature of the accident is not reportable to the HSE under RIDDOR, only if the member of staff is off for 7 days after as a result of the injuries then the safety office will need to be contacted.

*N.B. Subsequently, the staff member was off work for more than seven days, so the USO and HSE were duly informed.*

GR detailed how the investigation proceeded. Photos, videos and other evidence was gathered and GR will lead the investigation by the safety office and produce a report in due course.

GR expressed how lessons on how the units should be used are learned, so they are not overloaded and stacked over specification in future. A review will be conducted by the department as to how tall cabinets will be located. Loading instructions are displayed on the cabinets and staff will be trained to follow the manufacturer's recommendations.

KT noted that this was potentially life threatening and needs to be avoided in the future.

**9. Any other business**

9.1 FMRIB building induction has been arranged for new starters. Jacqueline Pumphrey (JP) is currently reviewing all the Department's inductions, including the one for FMRIB, and the future Wolfson building. RL noted that the hospital fire alarm system is explained at the Level 6 West Wing induction, but that fire alarm training will be different in FMRIB and the new Wolfson Building.

9.2 ST reported that Tiphaine – Bouriez-Jones (TB-J) will be joining the facilities team and RL will now return to the role of Facilities Projects Officer.

TB-J will bring the departmental safety self-assessment to the next meeting.

ST felt TB-J will also have some thoughts on who sits on this committee and thanked RL for his contribution to the facilities team.

**10. Date and Venue of next meeting TBC**

**Action points from this meeting:**

<b>Topic:</b>	<b>Action required:</b>	<b>By:</b>
<b>Fire Wardens</b>	Fire Wardens to be selected for all areas.	<b>TB-J</b>
<b>Area representatives</b>	Recruitment drive to find representatives from all areas across NDCN to sit on this committee	<b>All</b>
<b>Health and safety assurance questionnaire</b>	Approval needed from HOD	<b>KT</b>
<b>Safety self-assessment</b>	To bring to next meeting	<b>TB-J</b>